· FORM D

### UNITED STATES SECURITIES AN Wasł

D EXCHAN	GE COMMISSIO
nington, D.C.	20549

# OMB Number: Expires: Estimated average burden hours per response . . .

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ONLY
Prefix	Serial
DAT	E RECEIVED

Name of Offering ( check if this is an amendm	nent and name has changed, and indicate change.)	7000
RFMC Global Directional Fund, LP		RECEIVED
Filing Under (Check box(es) that apply):  Rule	e 504 □ Rule 505 ☑ Rule 506 □ Section 4(6) □ UL	OE (C)
Type of Filing: ☑ New Filing ☐ Amendment		<u> </u>
	A. BASIC IDENTIFICATION DATA	1801
1. Enter the information requested about the issu	ner	F. J. C. T.
Name of Issuer ( check if this is an amendmen	nt and name has changed, and indicate change.)	
RFMC Global Directional Fund, LP		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4 Benedek Road, Princeton, New Jersey 08540	0	609-921-0717
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	PROCESSED	<u></u>
Brief Description of Business	£	
Trading and investments	<u> </u>	
Type of Business Organization	THOUSEON	
□ corporation ☑ lin	mited partnership, already formed FINANCIAL	(please specify):
□ business trust □ lin	mited partnership, to be formed	, cookin barn seek eent taan seek ein taan seek eent taan seek ein s
	Month Year	07074959
	0 3 0 7 ⊠ Actual □	Estimated
Actual or Estimated Date of Incorporation or Or	ganization:	Listinuted
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service	abbreviation for State:
	CN for Canada; FN for other foreign	jurisdiction)

#### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on U.OE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes apart of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

<ol><li>Enter the information reque</li></ol>					
<ul> <li>Each promoter of the i</li> </ul>	ssuer, if the issue	er has been organized wi	thin the past five years;		
issuer;					ore of a class of equity securities of the
Each executive officer	and director of	corporate issuers and of o	corporate general and ma	maging partners of	of partnership issuers; and
Each general and man	aging partnerof	partnership issuers.		<u> </u>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Ruvane Fund Management Co	rporation				
Business or Residence Address	(Number and St	reet, City, State, Zip Cod	le)		
4 Benedek Road, Princeton, No	ew Jersey 08540				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Maraging Partner
Full Name (Last name first, if in	dividual).	<del>.</del>			
Lerner, Robert L.					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	de)		
4 Benedek Road, Princeton, N	ew Jersey 08540	)	<u> </u>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Maraging Partner
Full Name (Last name first, if i		<del></del> -			
,	•				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)	•	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		

A. BASIC IDENTIFICATION DATA

					B. I	NFORMA	TION A	OUT OF	FERING					
	•												Yes	No
1.	Has the	issuer sold	l, or does t	he issuer in	itend to se	ll, to non-ac	credited in	vestors in	this offerin	ıg?				Ø
				Answer al	so in Appe	ndix, Colu	mn 2, if fil	ing under	ULOE					
2.	What is approva	the minim Il of the ge	um investr neral partn	nent that wer )	vill be acce	pted from	any individ	lual? (smal	ler amount	s may be p	ourchased v	with the	\$25,000 \$10,000 benefit   investor	for plan
													Yes	No
3.	Does th	e offering	nermit ioit	nt ownershi	p of a sing	le unit?				*************			Ø	
4.	Enter the similar is an assubroker of	ne informate remunerati sociated pe or dealer.	tion request on for solicition or ag	ited for eac citation of ent of a bro	h peson w purchasers oker or dea persons to	ho has bee in connec- ler register	n or will be tion with s ed with the	e paid or g ales of secu e SEC and/	iven, direct irities in th 'or with ast	ly or indir e offering. ate or state	ectly, any o If a perso es, list the	commission or on to be listed name of the nay set forth		
Full Nam	ie (Last n	ame first, i	f individua	al)										
		1anageme								<del></del>				
				er and Stre			ode)							
	•			0, Denver,	CO 8023	7								
Name of	Associat	ed Broker	or Dealer											
				cited or In										
(Ch	eck "All	States" or	check indi	vidual Stat	es)						•••••	🗹 All :		
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI) (	ID]	
	[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [	MOJ	
	[MT]	[NE]	[NV]	[HM]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR] [	PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY] [	PR]	
Full Nam	ne (Last n	iame first, i	if individua	al)										
Business	or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)	•				, · · ·	•	
Name of	Associat	ed Broker	or Dealer								·			
States in	Which P	erson Liste	d Has Soli	cited or In	tends to So	olicit Purch	asers		<del> </del>					
(Ch	eck "All	States" or	check indi	vidual Stat	es)							🗆 All	States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] (	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR] (	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY] {	[PR]	
Full Nan	ne (Last n	ame first,	if individu	al)										
Business	or Resid	ence Addr	ess (Numb	er and Stre	eet, City, S	tate, Zip C	ode)		-		•			
Name of	Associat	ed Broker	or Dealer			-								
States in	Which P	erson Liste	ed Has Soli	icited or In	tends to Se	olicit Purch	asers	<del></del>						
												All	States	
,	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

	Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	(	Aggregate Offering Price	A	mount Already Sold
	Debt	<u>s</u>	-0-	<u>\$</u>	-0
	Equity	<u>\$</u>	-0-	<u>s</u>	-0-
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	<u>s</u>	-0-	<u>s_</u>	-0-
	Partnership Interests	<u>\$</u>	100,000,000	\$	25,000
	Other (Specify)	5	-0	s	-0-
	Total	\$	100,000,000	5	-0-
	Answer also in Appendix, Column 3, if filing under ULOE.				
	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their puchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate  Oollar Amount  of Purchases
	Accredited Investors	_	1	<u>\$</u>	25,000
	Non-accredited Investors	_	-0-	<u>\$</u>	-0-
	Total (for filings under Rule 504 only)	_	-0-	<u>\$</u>	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12)months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security	Γ	Dollar Amount Sold
	Rule 505	_		<u>\$</u>	
	Regulation A	_		<u>s_</u>	
	Rules 504	_		<u>s</u>	
	Total	_		<u>\$</u>	
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of he issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				

Transfer Agent's Fees.

<del>-0-</del> 500

-0-

-0-

4.000

34,500

25,000 5,000

otal expenses furnished in response to Part C - Question	te offering price given in response to Part C- Question on 4.a. This difference is the "adjusted gross proceeds	to me				<u>\$_</u>		<u>99,905,500</u>
Indicate below the amount of the adjusted gr	ross proceeds to the issuer used or proposed to be used purpose is not known, furnish an estimate and check the nents listed must equal the adjusted gross proceeds to	for eache box	h to					
				D	ayments to Officers, irectors, & Affiliates		P	ayments to Others
Salaries and fees				<u>s_</u> _	0		<u>\$</u>	-0-
					-0		<u>\$</u>	0
	f machinery and equipment				-0-		<u>\$</u>	0-
	nd facilities						<u>\$</u>	0
Acquisition of other businesses fincluding t	he value of securities involved in this offering that may of another issuer pursuant to a merger)	be		<u>\$</u>			<u>\$</u>	0
				<u>s_</u> _	0		<u>\$</u>	0
					-0-		<u>\$</u>	-0-
						. 🛭	<u>\$</u> _	99,965,500
						. 🗵	<u>s</u> _	99,9 <u>65,500</u>
Total Payments Listed (column totals added	l)				☑ <u>\$99,96</u>	<u>5,50</u>	<u>0</u>	
	D. FEDERAL SIGNATURE							
The issuer has duly caused this notice to be signed by constitutes an undertaking by the issuer to furnish to t furnished by the issuer to any ron-accredited investor	the undersigned duly authorized person. If this notice he U.S. Securities and Exchange Commission, upon we pursuant to paragraph (b)(2) of Rule 502.	is file Titten	d u req	nder uest	Rule 505, th ofits staff, th	e fol ie in	lowi form	ng signature ation
Issuer (Print of Type) RFMC Global Directional Fund, LP	Signature / /	)ate August	2,	2007				
Name of Signer (Print or Type)	Title of Signer (Print or Type)						_	
Robert L. Lerner	President of Ruvane Fund, Management Corporat	ion, th	ie (	Gene	ral Partner	of th	e Is	suer
					E	N		D
Intentional misstatements of	ATTENTION omissions of fact constitute federal criminal violati	ions. (	Se	e 18	U.S.C. 1001	.)		